

LHD OPEN LINE CALL

JUNE 3, 2008

Meeting Summary:

I. Pharmaceutical Update

- A. Some pharmaceutical reps are requesting that providers copy the packing slips for them. The manufacturers all have contracts with CDC that provides them with the annual state VOFA (vaccine forecasting) and PES (population estimates). Additionally, they receive monthly shipping data for each state. This was mutually determined to be sufficient to meet their needs. Because it is an undue burden on LHD and state staff, MDCH does not encourage immunization providers in Michigan to do this.
- B. Some pharmaceutical reps are sitting in on training for the VIM etc. While this is not necessarily discouraged, it should be understood that their training is not a priority at this time.

II. VFC update

- A. (Connie) While most of the forms coming in (both via fax and email) are signed at the bottom, there is some room for improvement.
- B. LHD will send the supporting documentation to MDCH (Doses admin for the LHD clinic, Month End inventory, Temp logs, Calibration documentation). Providers will send theirs to the LHD. Ending inventories are to be for both the clinic inventory and the local depot inventory.
- C. Once MDCH moves to e-ordering, the doses admin can be run within 7 days of ordering (order placement based on your TOF). It is important to keep in mind that orders won't be approved without appropriate supporting documentation.

- D. Section 317 vaccine is still considered publicly purchased vaccine and therefore goes into VFC/317
- E. Reminder: Add together and submit one biological report.
- F. Suggestion: Sometimes MCIR won't let you put in ending inventory. It should be a drop down. If you hit the "complete" button again, then MCIR gives you an option again at the end.

III. MCIR update

- A. Tip sheet #3 came out which added an option of "no inventory" which you can choose if you're adding a dose without reducing your inventory.
- B. Clarification: "Historical" is for a dose NOT given at that providers office. If it's a dose that YOU give, use "No inventory" and then you will be able to type in the appropriate lot #.
- C. Inventory history: All zeros means inventory balanced out. Therefore, to view inventory history after you have zeroed out, you must go into "inventory history" to all the lots etc. Once you do an ending inventory, it goes into historical.
- D. Therese sent an email out regarding data loads. They are starting to load the McKesson data into MCIR (by pin#). Doses from the MDCH depot will not be loaded. Be sure to look at the shipping invoice and the managed inventory screen to make sure the correct information is loaded. Contact MDCH if the vaccine received does not match the vaccine shipped.
- E. Were there any questions regarding the LWB email? MCIR will tally up both sides and keep a running balance. LHD can physically move private and public doses in the storage unit, but not in the MCIR. MCIR will balance it later by eligibility.

IV. Sharing update

- A. Kalamazoo is the second transfer site to go live and it went reasonably well. There are now 56 sites live.

- B. Berrien county providers went through 2 days of training (with approximately 6 offices each day). Time frame was between 9-11:30 am. They ran into a few minor computer training issues. They conducted the training beforehand on fridge counts, etc. Jaime felt the group training went well and they will wait to see how it all falls out. Issues they encountered:
- a. One provider forgot the frozen vaccines.
 - b. Reviewed doses admin beforehand.
 - c. Gwen used a list of training points (will share)
 - d. Phone calls to all the providers prior to the training reminding them of what was needed to prepare for the training was helpful.
- C. Reminder: you can mail the supporting documentation but it's easier on VFC staff if the temp logs come in with the order so they aren't looking for it and miss it somewhere.
-

Questions during the call:

Q1: How long are the LHD and providers required to keep packing slip information?

A1: All VFC documentation must be kept for a period of 3 years.

Q2: How do we complete the ending inventory?

A2: An updated tip sheet was loaded today. LHD/provider must run report and balance.

Q3: How do we add adult Medicaid data to the new VIM?

A3: More to follow on the next open line call. However, remember that we must stick to the eligibility standards and no adults can be considered VFC – therefore it becomes a Medicaid issue. Under “private inventory”, Medicaid can be selected.

Q4: Can we order twice – once for the clinic and again for the depot?

A4: Yes, they are ordered under separate pin #'s.

Follow up question: If we submit 2 orders, would they arrive in the same shipment?

A: No, the order won't come in the same box because the order is coming from different pin #'s and different orders.

Q5: How do we validate inventory?

A5: Verify that the inventory in the managed inventory screen is correct. Double check the transaction.

Follow up question: Is there a date range option?

A: Not at this time but may be a future enhancement.

Q6: Will the lot #'s of private purchase vaccine be entered into the system?

A6: VFC/317/VRP is preloaded into the system. It could be possible that a lot # could be the same for private and public vaccine but not likely.

Q7: Is there any major changes to the doses administered reports for the special 317 vaccine?

A7: No changes. Terri is reporting the doses for this to CDC, and MDCH is generating the reports.

ITEMS MDCH WILL FOLLOW UP ON

- ☐ MI-VRP is correct. MDCH needs to continue conversations internally to determine how to best code Medicaid adults.
- ☐ Therese will follow up with Michelle Thorn on the need to have the ability to import/export from an excel file from Insight.
- ☐ Laura Korten will follow up to ensure that all have the most recent MCIR tips sheets (dated).